NH Department of Safety Division of Motor Vehicles Motorcycle Rider Training Program

2006 Course Registration Form



Student Information			Course Selection			
Please print clearly in ink:					take the course? List as	
Last Name	First Name	M.I.		ates as possible. Ne d locations in order	ext to the dates, list your	
			Code	Dates	Locations	
Mailing Address			Code	Dates	Locations	
City/Town	State	Zip				
Evening Phone	Daytime Phone					
Date of Birth	NH Driver License Number					
E-mail Address (optional)						
, ,	ampshire Residents only. We will	notify				
you of your class assigr	nment by mail, so provide a curre	nt in-				
	If a class is re-scheduled, we will a day and evening telephone nu					
where we can contact y	ou. If you are under the age of 1	8, you				
must have a parent or g	guardian co-sign your registration	form.				
Stu	ident Background]			
	/cle riding experience do you ha	ave?				
□ None □ A Little □	• , , ,					
Describe your previous	s motorcycling experience.				ery quickly, especially at the	
•	ly ☐ Some Street Riding ☐ Dirt Bik	e Only			noosing many different dates your chances of being	
☐ More than 2 years riding	•	Comy			your chances of being your choices are full, we	
					and registration form.	
	a motorcycle? No Yes					
Do you currently hold	-			Course Tyr	ne and Fees	
NH Motorcycle	cycle Permit? ☐ No ☐ Yes For how long?		Course Type and Fees			
NH Motorcycle	e License?	/ long?		one of the following	rse (BRC) \$110.00	
Would you like to rece	ive promotional information fron	3			, ,	
	sinesses?			Intermediate Rider Course (IRC) \$50.00 Requires previous attendance in a		
•				Basic level class. F	Previous class #	
How did you hear abou	ut this course?			_ Experienced Rid	ler Course (ERC) \$60.00	
In what NH County do	you live?			Course fees are	e non-refundable	
	wing and sign below: Participa					
	sful completion of the course re					
	nd a riding skill evaluation. If yow waiver of the DMV skills test. D					
	ourself or any other student at ri					
non-transferable and	l course fees are non-refunda	ble. If yo	u are unable	to attend your sche	eduled course or do not	
complete the course for	or any reason, you must re-regis	ster and p	ay again if y	ou wish to be sched	luled for another course.	
Signature:				Date:		
Parent/Guardian S	ignature:			Date:		
(For applicants under 1	18 years old)					

Mail Completed Registration Form & Payment to:

NH DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES ATTN: MOTORCYCLE RIDER PROGRAM 23 HAZEN DRIVE CONCORD, NH 03305

Select Payment Option				
 □ Check or Money Order. Please make payable to "NH DMV" Returned check policy: We may re-present your checks electronically for any check returned for insufficient or uncollected funds. Your return will not be provided to you with your bank statement, but you can get a copy by contacting your financial institution 6:11-a, A fee of \$25 or 5 percent of the face amount of the check, whichever is greater, plus bank fees, will be deach returned check and collected with a separate electronic transaction. □ Credit card. Please provide your credit card information below: 	n. Per RSA			
□ Visa Name of Card Holder:	Card Number: Exp. Date: Name of Card Holder: Billing Address:			
Card Holder's Signature:				
For Office Use Only				